CLAIMS

I claim:

1. A subdural evacuating port device for evacuating a collection of fluid from a subdural space of a patient, comprising:

a tubular portion for partial insertion into an opening in a skull of a patient, the tubular portion having a proximal end and a distal end and a lumen extending between the proximal and distal ends, the tubular portion having an exterior surface; and

a pair of wings for facilitating finger rotation of the tubular portion, the wings extending outwardly from the tubular portion in substantially opposite directions from the tubular portion.

2. The subdural evacuating port device of claim 1 wherein the wings are mounted on the tubular portion at a location medial between the proximal and distal ends of the tubular portion.

3. The subdural evacuating port device of claim 1 wherein the exterior surface at the proximal end of the tubular portion has self-tapping threads formed thereon adapted for cutting threads into the opening in the skull of a patient.

4. The subdural evacuating port device of claim 1 wherein the exterior surface at the distal end of the tubular portion has a plurality of annular barbs formed thereon for retaining an end of a conduit thereon.

5. The subdural evacuating port device of claim 1 wherein the wings are mounted on the tubular portion at a location medial between the proximal and distal ends of the tubular portion,

wherein the exterior surface at the proximal end of the tubular portion has self-tapping threads formed thereon adapted for cutting threads into an opening in a skull of a patient, and wherein the exterior surface at the distal end of the tubular portion has a plurality of annular barbs formed thereon for retaining an end of a conduit thereon.

6. A kit for evacuating a collection of fluid from a subdural space of a patient having a scalp, comprising:

a subdural evacuating port device having a proximal end and a distal end, the subdural evacuating port device having a tubular portion with a lumen extending between the proximal and distal ends, an exterior surface of the proximal end of the tubular portion having self-tapping threads formed thereon for cutting threads into a skull, an exterior surface of the distal end of the tubular portion having a plurality of annular barbs formed thereon for retaining a flexible hose, and a pair of wings extending outwardly from the tubular portion, the wings extending in opposite directions.

7. The kit of claim 6 additionally comprising a drill bit for forming an opening in the skull of the patient.

8. The kit of claim 7 additionally comprising a stop collar selectively lockable in a position on the drill bit for setting the maximum penetration of the drill bit into a surface.

9. The kit of claim 6 additionally comprising a conduit having first and second ends, the first end being adapted for connection to the subdural evacuating port device, the second end of the conduit being for connection to a negative pressure source.

10. The kit of claim 6 additionally comprising a retractor for spacing sides of an incision in a scalp away from each other, the retractor comprising a pair of arms each having a proximal ends joined together to form an apex, each of the arms extending away from the apex such that distal ends of the arms are spaced from each other, the arms of the retractor forming a substantially V-shaped configuration.

11. The kit of claim 6 additionally comprising a negative pressure device for creating a negative pressure condition.

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12. The kit of claim 11 wherein the negative pressure device comprises a Jackson-Pratt bulb having a pair of openings, the Jackson-Pratt bulb having an interior, the bulb having a primary opening and a secondary opening between the interior and an exterior of the bulb, a check valve in communication with the primary opening for resisting exit of fluid from the interior of the bulb to the exterior of the bulb through the primary opening and permitting fluid flow into the interior through the primary opening, a cap for selectively closing the secondary opening of the Jackson-Pratt bulb.

13. A method of evacuating a collection of fluid from a subdural space within the skull of a patient, comprising the acts of:

forming an opening in the skull;

providing a subdural evacuating port device having a proximal end and a distal end;

introducing the proximal end of the subdural evacuating port device into the opening in the skull and into communication with the subdural space; and

creating a substantially uniform negative pressure condition in the

subdural space of the patient through the subdural evacuating port device.

14. The method of claim 13 additionally comprising determining the region of the scalp where the collection of fluid in the subdural space has a greatest dimension measured along the surface of the scalp.

15. The method of claim 14 wherein the act of determining includes performing an imaging study of the skull of the patient using computerized tomography imaging to determine the extent of the collection of fluid.

16. The method of claim 13 additionally comprising infiltrating the scalp of the patient with an anesthetic by injecting the anesthetic into the scalp.

17. The method of claim 13 additionally comprising creating an incision in the scalp of the patient to expose the skull of the patient.

18. The method of claim 17 additionally comprising retracting portions of the scalp adjacent to the incision away from each other.

19. The method of claim 17 additionally comprising introducing a retractor into the incision.

20. The method of claim 13 wherein the act of forming an opening includes drilling a hole in the skull.

21. The method of claim 20 wherein the act of drilling the hole includes providing a drill bit having a diameter of

approximately 6 mm.

22. The method of claim 13 additionally comprising penetrating a dura by incising the dura of the patient with a unipolar cautery.

23. The method of claim 13 wherein the act of providing the subdural evacuating port device includes forming a tubular portion of the subdural evacuating port device with a lumen extending between the proximal and distal ends, and forming a pair of wings on an exterior surface of the tubular portion of the port device, the wings extending outwardly in opposite directions from the tubular portion.

24. The method of claim 23 wherein the act of providing the subdural evacuating port device includes forming self-tapping threads on an exterior surface on the tubular portion at the proximal, and forming a plurality of annular barbs on the exterior surface on the tubular portion at the distal end.

25. The method of claim 24 additionally comprising rotating the proximal end of the subdural evacuating port device in the opening so that the self-tapping threads engage the opening.

26. The method of claim 13 additionally comprising penetrating a dura of the patient with the proximal end of the subdural evacuating port device.

27. The method of claim 13 additionally comprising connecting a first end of a conduit to the distal end of the subdural evacuating port device and connecting a second end of the conduit to a negative pressure source

28. The method of claim 13 wherein the act of creating a negative pressure condition includes providing a negative pressure source in communication with the subdural space of the patient through the subdural evacuating port device.

29. The method of claim 28 wherein the act of providing a negative pressure condition includes connecting a Jackson-Pratt bulb to the subdural evacuating port device.

30. The method of claim 29 additionally comprising compressing the Jackson-Pratt bulb and closing a secondary opening of the Jackson-Pratt bulb by placing a cap on the secondary opening.

31. The method of claim 29 additionally comprising emptying the Jackson-Pratt bulb as fluid accumulates in the Jackson-Pratt bulb..

32. The method of claim 29 additionally comprising removing the negative pressure condition from the subdural space when drainage from the subdural space through the subdural evacuating port device into the Jackson Pratt bulb is no longer observed.

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